
PROFESSIONAL MEDICAL, DIRECT SUPPORT STAFF AND PERSONNEL ENGAGED
DIRECTLY IN THE OPERATION OF MECHANIZED CLAIMS PROCESSING AND
INFORMATION RETRIEVAL SYSTEMS

(75% matching rate)

Following is a description of the kinds and numbers of personnel engaged directly in the operation of mechanized claims processing and information retrieval systems, professional medical personnel and their supporting staff, used in the administration of the Program and their responsibilities.

Nurse Administrator - (1) [Division of Physical Health Programs]

Responsible for the development and recommendations of Program policy relative to physical health benefits. Responsible for evaluation of the physical health portion of the Program as to effectiveness and applicability of defined objectives and for the development of proposed improvements in accordance with evaluation results. Prepares reports related to program developments and activities. Provides analysis of physical health programs and recommends changes in policies and procedures.

Nurse Administrator - (1) [Division of Member and Provider Services]

Responsible for the research of eligibility on rejected claims and the updating of eligibility files from data received through the research. The effects of this research will determine if a payment to a provider can be made based on eligibility. Responsible for coordination of MAP-552's (Notice of Availability of Patient Income) and the maintenance of a cross-reference file on all Medicaid long-term care patients. Responsible for all stop payment requests to the Program for checks which had been issued. Responsible for all refunds and deposits for checks associated with the Medicaid Program. Responsible for updating computerized rate tables for all providers paid by the Medicaid Program. Responsible for continuous review and evaluation of the Branch's operational procedures, methods and organization.

Nurse Services Administrator - (1) [Division of Physical Health]

Serves as liaison for Managed Care Partnerships and the Department. Reviews the Requests for Applications (RFA). Determines medical necessity and quality of care rendered. Assists with field visits, suggesting methods of review and accompanying staff during certain reviews that require on-site interpretation and analysis. Reviews and evaluates the type and quality of services rendered to Kentucky Medicaid recipients by participating medical providers statewide. Evaluates medical services against established norms to assure proper utilization by both recipient and providers of service. Determines appropriateness of services and treatment regimes. Reviews the utilization of providers and recipients statewide to determine the effectiveness of the Program in reducing unnecessary services. Recommends changes in the Program. Responsible for review and analysis of medical information concerning medical necessity of procedures. Makes inquiry on cases which do not demonstrate improvement and recommends appropriate action. Handles statements and when necessary, contacts the physician for clarification. Interprets medical terminology for staff, interprets Program policies and procedures for participating physicians.

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Pharmacy Services Program Manager - (1) [Division of Physical Health Programs]

Responsible for the development and recommendations of Program policy relative to pharmacy benefits. Responsible for evaluation of the physical health portion of the Program as to effectiveness and applicability of defined objectives and for the development of proposed improvements in accordance with evaluation results. Provides consultative services in the development of the drug list, prepares reports related to program developments and activities. Provides analysis of pharmacy program and recommends changes in policies and procedures. Responsible for drug utilization studies and quality control outcomes and disease management studies.

Nurse Consultant Inspector - (12) [Division of Physical Health Programs - (6) Physical Health Operations and Field Services Branch - (2) Physical Health Policy and Development Branch] (4) [Division of Behavioral Health Programs]

Responsibility for providing technical nursing consultation to Medicaid staff, providers and managed care partnerships. Evaluates and provides support for program staff regarding quality outcomes of both managed care partnership and fee for service Medicaid programs. Determines medical necessity and quality of care rendered. Assists with field visits, suggesting methods of review and accompanying staff during certain reviews that require on-site interpretation and analysis. Reviews and evaluates the type and quality of services rendered to Kentucky Medicaid recipients by participating medical providers statewide. Evaluates medical services against established norms to assure proper utilization by both recipient and providers of service. Determines appropriateness of services and treatment regimes. Reviews the utilization of providers and recipients statewide to determine the effectiveness of the Program in reducing unnecessary services. Recommends changes in the Program. Responsible for review and analysis of medical information concerning medical necessity of procedures. Makes inquiry on cases which do not demonstrate improvement and recommends appropriate action. Handles statements and when necessary, contacts the physician for clarification. Interprets medical terminology for staff, interprets Program policies and procedures for participating physicians.

Nurse Consultant/Inspector - (5) [Division of Long Term Care Programs - (4) Long Term Care Operations and Field Services Branch - (1) Long Term Care Policy and Development Branch]

Independently drafts correspondence to providers in instances where additional medical information is needed. Advises staff of current treatment regimes in accordance with the Manual of Nursing Practice, Physicians Desk Reference and the American Medical Association. Recommends changes in Program. Contacts providers concerning policies and procedure. Interprets medical terminology for staff; interprets program policies and procedures. Determines medical necessity and quality of care rendered. Assists with field visits, suggesting methods of review and accompanying staff during certain reviews that require on-site interpretation and analysis. Reviews and evaluates the type and quality of services rendered to Kentucky Medicaid recipients by participating medical providers statewide. Evaluates medical services against established norms to assure proper utilization by both recipient and providers of service. Determines appropriateness of services and

treatment regimes. Reviews the utilization of providers and recipients statewide to determine the effectiveness of the Program in reducing unnecessary services. Recommends changes in the Program. Responsible for review and analysis of medical information concerning medical necessity of procedures. Makes inquiry on cases which do not demonstrate improvement and recommends appropriate action.

Nurse Consultant/Inspector - (1) [Division of Children's Health Programs - Children's Program Branch]

Communicates with providers and conducts training sessions with them as needed. This could be telephonic, one on one, or in group format. Assists recipients in any way to receive the medically necessary services requested, when the need arises. Works with the Peer Review Organization to acquaint them with responsibilities involving approval of requested services and coordination of Medicaid policy. Maintains familiarity with the implementation of the denial process and attends hearings as needed. Works within the managed care process and procedures to assure delivery of medically necessary services requested in a professional and efficient manner.

Nurse Consultant/Inspector - (1) [Division of Children's Health Programs - KCHIP Branch]

Although this staff person will be devoting 100 percent of her time to the KCHIP program when fully implemented, currently her time is being spent on the following duties. As KCHIP becomes operational, less of her time will be coded on their timesheet to Title XIX program codes.

Independently drafts correspondence to EPSDT providers in instances where additional medical information is needed. Advises staff of current treatment regimes in accordance with the Manual of Nursing Practice, Physicians Desk Reference and the American Medical Association. Recommends changes in the EPSDT Program. Contacts providers concerning policies and procedure. Interprets medical terminology for staff; interprets program policies and procedures. Determines medical necessity and quality of care rendered. Reviews and evaluates the type and quality of services rendered to Kentucky Medicaid recipients by participating EPSDT providers statewide. Evaluates medical services against established norms to assure proper utilization by both recipient and providers of service. Determines appropriateness of services and treatment regimes. Recommends changes in the Program.

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Nurse Service Administrator (1) [Division of Quality Improvement]

Responsible for the development and recommendations of Program policy relative to quality improvement. Monitors the work of employees who evaluate and monitor the quality and health outcome for all Medicaid recipients. Provide oversight for quality improvement activities by monitoring and evaluating the quality and health outcomes for all Medicaid members. Monitors Quality Improvement (QI) plans, revisions, and corrective plans of each Health Care Partnership (HCP). Assists in conducting on-site readiness and monitoring reviews for HCPs. Analyzes patterns of utilization from submitted HCP reports and aids in identifying areas of over - or under- utilization. Monitors overall program operations to determine consistency with broad quality objectives. Researches and makes recommendations for integration of national standards and best practice guidelines into the Medicaid program. Assists with the design and analysis of special clinical studies performed by Medicaid, the HCPs and the External Quality Review Organization (EQRO). Develops and conducts or sponsors surveys that measure consumer satisfaction. Participates in initiatives to identify effective interventions to improve health outcomes. Coordinates standards, measures, and practices with state and nationally recognized experts in specific areas of study. Participates in multidisciplinary, multiagency initiatives (e.g., Committees, task groups) to improve health outcomes. Attends educational and training offerings to remain abreast of national standards related to QI. Provides or arranges for training offerings to remain abreast of national standards related to QI. Provides or arranges for training, technical assistance, and consultation of QI processes and also provides this expertise to other Medicaid divisions relating to program enhancements, revisions, issues, standards or initiatives. Responsible for the continuous review and evaluation of the Division's operational procedures, methods and organization.

Nurse Consultant Inspector - (1) [Division of Member and Provider Services]

Responsibility for providing technical nursing consultation to Medicaid staff, providers and managed care partnerships. Evaluates and provides support for program staff regarding quality outcomes of both managed care partnership and fee for service Medicaid programs. Determines medical necessity and quality of care rendered. Assists with field visits, suggesting methods of review and accompanying staff during certain reviews that require on-site interpretation and analysis. Reviews and evaluates the type and quality of services rendered to Kentucky Medicaid recipients by participating medical providers statewide. Evaluates medical services against established norms to assure proper utilization by both recipient and providers of service. Determines appropriateness of services and treatment regimes. Recommends changes in the Program. Responsible for review and analysis of medical information concerning medical necessity of procedures. Handles statements and when necessary, contacts the physician for clarification. Interprets medical terminology for staff, interprets Program policies and procedures for participating physicians.

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Nurse Consultant /Inspector - (2) [Division of Quality Improvement]

Provides oversight for quality improvement activities by monitoring and evaluating the quality and health outcomes for all Medicaid members. Monitors Quality Improvement (QI) plans, revisions, and corrective plans of each HCP. Assists in conducting on-site readiness and monitoring reviews for HCPs. Analyzes patterns of utilization from submitted HCP reports and aids in identifying areas of over - or under- utilization. Monitors overall program operations to determine consistency with broad quality objectives. Researches and makes recommendations for integration of national standards and best practice guidelines into the Medicaid program. Assists with the design and analysis of special clinical studies performed by Medicaid, the HCPs and the EQRO. Develops and conducts or sponsor surveys that measure consumer satisfaction. Participates in initiatives to identify effective interventions to improve health outcomes. Coordinates standards, measures, and practices with state and nationally recognized experts in specific areas of study. Participates in multidisciplinary, multiagency initiatives (e.g., Committees, task groups) to improve health outcomes. Attends educational and training offerings to remain abreast of national standards related to QI. Provides or arranges for training offerings to remain abreast of national standards related to QI. Provides or arranges for training, technical assistance, and consultation of QI processes and also provides this expertise to other Medicaid divisions relating to program enhancements, revisions, issues, standards or initiatives.

Administrative Secretary I - (2) [Division of Physical Health Programs - (1) Physical Health Operations and Field Services Branch - (1) Physical Health Policy and Development Branch]

Provides secretarial and administrative support for the Nurse Consultant/Inspectors and Nurse Service Administrators by preparing necessary reports, obtaining required files and coordinating activities with the Department, as well as, scheduling meetings with external entities.

Division Director II - (1) [Division of Management Information Systems]

Responsible for overseeing activities in the Contract monitoring Branch and the Technical Support and Data Analysis Branch. Oversees the development of the procurement of the Medicaid Management Information Systems contract which consists of writing the Request for Proposal and submitting the Advanced Planning Document to HCFA for approval. Monitors contract performance of the Fiscal Agent and compliance with contract terms and conditions; recommends appropriate action when evidence indicates the Fiscal Agent is not complying with the provisions of the contract. Responsible for maintaining a state of the art system of hardware and software technology. Assist program staff in the interpretation of data.

Administrative Branch Manager - (1) [Division of Management Information Systems - Contract Monitoring Branch]

Monitors contract performance of the Fiscal Agent and compliance with contract terms and conditions. Responsible for collection and maintenance of contract compliance data and recommends appropriate action when evidence indicates the Fiscal Agent is not complying with the provisions of the contract. Monitors the claims processing system by analyzing a sample of claims monthly for pricing, editing and auditing consistency and correctness. Identifies errors found in the sample process and submits corrective action plans to the Fiscal agent to correct discrepancies. Coordinate and develops the procurement of the MMIS contract which consists of writing the Request for Proposal and submitting the Advanced Planning Document to HCFA for approval. Serve as the Department liaison and monitors the performance of all external "feeder" information systems (e.g., Managed care Entities, Kentucky Automated Management Eligibility System, Peer Review Organization, Supplemental Security Income).

Internal Policy Analyst II - (3) [Division of Management Information Systems - Technical Support and Data Analysis Branch]

Develops and recommends policies and procedures for monitoring the Fiscal Agent and coordinates information systems review and analysis of ongoing Managed Care Organizations (MCOs). Defines policy objectives, submits computer system changes to Fiscal Agent, reviews and approves subsequent programming changes. Designs reports for analysis of impact of policy changes on utilization on agency budgetary expenditures and used in federal reporting. Identification and analysis of requirements and compliance issues and formulation of policies and procedures necessary to address them. Conducts policy analysis studies and advises management on policy issues and the impact on the automated systems. Contacts officials to implement policy changes affecting data used by the MMIS, other state computer systems, and MCOs. Responsible for reviewing claims processing samples on a monthly basis to ensure that MMIS is functioning properly.

Resource Management Analyst - (1) [Division of Management Information Systems - Technical Support and Data Analysis Branch]

Develops and recommends policies and procedures for monitoring the Fiscal Agent and coordinates information systems review and analysis of ongoing Managed care Organizations (MCOs). Defines policy objectives, submits computer system changes to Fiscal Agent, reviews and approves subsequent programming changes. Designs reports for analysis of impact of policy changes on utilization on agency budgetary expenditures and used in federal reporting. Identification and analysis of requirements and compliance issues and formulation of policies and procedures necessary to address them. Conducts policy analysis studies and advises management on policy changes affecting data used by the MMIS, other state computer systems, and MCOs. Responsible for reviewing claims processing samples on a monthly basis to ensure that MMIS is functioning properly.

Administrative Specialist Sr - (1) [Division of Management Information Systems - Contract Monitoring Branch]

Provides professional support in the review, evaluation, development and interpretation of agency activities concerning the MMIS under the general direction of the Branch manager. Reviews proposed state and federal legislative or administrative regulation changes to determine the need for policy and procedure changes. Reviews and develops procedural alternatives. Assists in the development of Request for Proposals and the subsequent implementation resulting from the award of the contract.. Drafts correspondence or other response for administrators, attorneys, clients, Fiscal Agent, and/or the general public which requires interpretation and application of policies and procedures.

Network Analyst Pr. (1) [Division of Management Information Systems - Technical Support and Data Analysis Branch]

Performs daily operational tasks associated with centralized administration and management of the Department's Local Area Network. Provides logical and physical security, hardware and software installation, build user profiles and accounts, performs hardware/software maintenance, support, backup and recovery. Provides technical assistance and support to end users. Act as liaison between the Department for Medicaid Services and the Fiscal Agent who is responsible for the operation of the Kentucky Medicaid Management Information Systems. Responsible for reviewing claims processing samples on a monthly basis to ensure that MMIS is functioning properly. Coordinate communications between DMS and Fiscal Agent. Clarifies DMS policies, regulations and procedures as they relate to required enhancements. Reviews and approves system test results.

Grants and Contract Administrator - (2) [Division of Management Information System - (1) Contract Monitoring Branch - (1) technical support and Data Analysis Branch]

Develops and recommends policies and procedures for monitoring the Fiscal Agent and coordinates information systems review and analysis of ongoing Managed care Organizations (MCOs). Defines policy objectives, submits computer system changes to Fiscal Agent, reviews and approves subsequent programming changes. Designs reports for analysis of impact of policy changes on utilization on agency budgetary expenditures and used in federal reporting. Identifies and analyzes requirements and compliance issues and formulates policies and procedures necessary to address them. Conducts policy analysis studies and advises management on policy issues and the impact on the automated systems. Contacts officials to implement policy changes affecting data used by the MMIS, other state computer systems, and MCOs. Responsible for reviewing claims processing sample on a monthly basis to ensure that MMIS is functioning properly.

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Administrative Specialist Principal - (1) [Division of Management Information Systems
Technical Support and Data Analysis Branch]

Develops and recommends policies and procedures for monitoring the Fiscal Agent and coordinates information systems review and analysis of ongoing Managed Care Organizations (MCOs). Defines policy objectives, submits computer system changes to Fiscal Agent, reviews and approves subsequent programming changes. Designs reports for analysis of impact of policy changes on utilization on agency budgetary expenditures and used in federal reporting. Identifies and analyzes requirements and compliance issues and formulates policies and procedures necessary to address them. Conducts policy analysis studies and advises management on policy issues and the impact on the automated systems. Contacts officials to implement policy changes affecting data used by the MMIS, other state computer systems, and MCOs.

Program Coordinator - (5) [Division of Member and Provider Services - Program Integrity
and Utilization Review Branch]

Responsible for tasks associated with a specific service area, i.e., physician, podiatry, home health, AIS/MR waiver, independent lab, primary care, rural health, renal dialysis, pharmacy, vision/hearing, inpatient and outpatient hospital etc. within the Surveillance Utilization Review Section. Evaluates services by providers through predetermined parameters to determine if policies and procedures of said programs are adhered to. Compares provider manual s and written policy to claims processing subsystem to determine if edits and audits are set. Develops parameters for SURS Subsystem to discern if regulation and policy are being followed. Notifies policy personnel of discrepancies between billing practice and written policy. Compiles statistical data to evaluate the quality of medical care which a provider is rendering to the Medicaid population. Studies that to discern appropriate course of action by the Department, i.e., suspension, refund request, fraud referral, on-site visit, etc.

Health Program Representative Senior - (1) [Division of Member and Provider Services -
Program Integrity and Utilization Review
Branch]

Conducts Medical Audits (desk review) of Medicaid recipients who are flagged as potential abusers of the Program. Analyzes Surveillance Utilization Review reports to determine the type and degree of abuse; prepares letters requesting review by recipient's physicians and requests that a Lock-In decision be rendered. Conduct annual re-review of Lock-In recipients in order to determine if inclusion continues to be necessary.

State Kentucky

Human Service program Compliance Analyst - (1) [Division of Member and Provider Services
- Program Integrity and Utilization Review
Branch]

Analyzes utilization review reports to determine the type and degree of abuse of the Medicaid Program. Develops guidelines for fiscal recoupment procedures by the Program Integrity staff and works with the fiscal intermediary to assure accuracy of the disqualification on recoupment.

Program Coordinator - (1) [Division of Member and Provider Services - Program Integrity
and Utilization Review Branch]

Coordinates case development by Program Integrity staff and reviews efforts to determine compliance with federal guidelines. Provides support to a variety of professional staff to identify and pursue fraud and abuse detection and collection.

Internal Policy Analyst II - (1) [Division of Member and Provider Services - Program Integrity
and Utilization Review Branch]

Analyzes utilization review reports to determine the type and degree of abuse of the Medicaid Program. Develops guidelines for fiscal recoupment procedures by the Program Integrity staff and works with the fiscal intermediary to assure accuracy of the disqualification on recoupment.

Procedures Development Coordinator - (1) [Division of Member and Provider Services -
Customer Services Branch]

Responsible for coordinating procedures and activities in relation to patient eligibility and patient income. Certifies eligibility or non-eligibility for claims that have been computer rejected. Communicates by phone and in writing when problems involve eligibility.

Program Coordinator - (1) [Division of Member and Provider Services - Policy Coordination
Branch]

Responsible for coordinating procedures and activities in relation to patient eligibility and patient income. Responsible for receiving MAP-552's (Notice of Availability of Patient Income) from field staff, auditing and processing of same. Maintains cross-reference files on all long-term care patients. Researches eligibility on rejected long-term care claims. Certifies eligibility or non-eligibility for claims that have been computer rejected. Communicates by phone or in writing when problems involve eligibility.

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Procedure Development Specialist - (2) [Division of Member and Provider Services - Customer Services Branch]

Interprets policies and regulations of eligibility for Medicaid recipients on a statewide basis to providers. Contracts local field officers and SSI office in order to analyze eligibility data on a statewide basis. Collects program data on eligibility errors. Assists in analyzing and editing eligibility procedures and policies. Performs in-depth analysis of Program needs and recommends modifications to the administrative staff. communicates procedural or program changes to program staff and other interested parties. Review, analyzes and reports the impact program policy changes have on eligibility.

Administrative Specialist I - (1) [Division of Member and Provider Services - Customer Services Branch]

Verifies hard copy eligibility error list received from fiscal agent by researching several inquiry programs. Prepare worksheets for corrections. Examines turnaround documents on suspended or rejected claims. Ascertains eligibility on spenddown cases received from 120 local PA officers. Reviews approximately 400 spenddown cases per month for accuracy of beginning and ending dates. Maintains spenddown file by alphabetical and date order. Answers telephone inquiries from providers regarding eligibility.

Procedures Development Specialist - (3) [Division of Member and Provider Services - Customer Services Branch]

Evaluates all federal and state laws and regulations as it relates to the development and administration of Provider enrollment for the Adult Day Care, Adult Targeted Case Management, SCL Waiver, Children Target Case Management, Community Mental Health, Home and Community Based Waiver, Home Health, Hospice, Model Waiver, Ambulatory Surgical, Commission for children with Health Care Needs, Dialysis, Durable Medical Equipment, Emergency/Non Emergency Transportation, Early and Periodic Screening and Diagnostic Treatment, Family Planning, preventive Care, Primary Care, Rural Health, School Based Health Services and the IMPACT Programs. Review revisions in state and federal regulations to determine the need for policy or procedural changes. Communicates with providers via telephone and by written correspondence concerning the enrollment process. Updates the MMIS system as needed in enrolling the above-mentioned providers.

Health Program Representative Sr. - (3) [Division of Member and Provider Services - Customer Services Branch]

Maintains knowledge of specific program requirements as they apply to provider enrollment through the review of current, new and proposed federal and state regulations and statutes. provider programs involved are: Physician, Nurse Anesthesist, Nurse Practitioner, Nurse Midwife, Pharmacy, Optometrist, Optician, Occupational Therapist, Physical Therapist, Dentist, Independent Lab, X-ray, Psychologist, Podiatrist, Physician Assistants, Hearing,

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